

Alabama Department of Human Resources
**Lee County Comprehensive Family Support Services
Program (CFS)**



- Q1.** The RFP calls for the hiring of two (2) "Childcare/clerical workers". Does this mean these individuals would need the skills and training for both types of work? Or shall provider applicants determine whether the need is for one or the other?
- R1.** **This is an error in the RFP. Position will be "clerical worker" only as no childcare duties are required.**
- Q2.** The RFP states that employees will have an Alabama Driver's License. Due to our proximity to the Georgia state line, our agency employs individuals who reside in Georgia as well as in Alabama. Will exceptions be made for these employees?
- R2.** **Employees must possess a valid driver's license. It is not a requirement that the license be issued by the State of Alabama.**
- Q3.** The RFP states that "...CFS will service a minimum of fifty (50) families." And requires "...an average of 2-5 hours per week per family including travel time, documentation, consultation, etc." Based upon a caseload of 50, 4 caseworkers would then have a minimum of 12.5 families. Based on these figures, more than 50 cases would be difficult to manage effectively and would dilute the intensity of the services caseworkers could reasonably provide. This could also present a problem with providers' accreditation in terms of worker caseloads. Please revisit and clarify this.
- R3.** **The RFP should state "...CFS will service a maximum of fifty (50)..."**
- Q4.** The RFP states that "...The CFS supervisor will not only provide supervision and support of the CFS workers, and the childcare/clerical worker but will provide in home counseling, crisis intervention and/or other services as identified in the ISP with no restriction on the caseload size". Based the number of staff, the caseload size for other staff and the level of supervision that is required, will the supervisor be expected to carry a caseload as well?
- R4.** **The supervisor will not be required to carry a specific caseload but could be asked to provide counseling to the families if the therapist were at their limit and a case required intervention.**
- Q5.** The RFP indicates a "no rejection" policy for provider applicants, but goes on to state that "if there are no openings..." Please clarify this.
- R5.** **The "no rejection" policy statement stands; however, a waiting list system is maintained so that cases do not go over the maximum limit. If an emergency arises as determined by DHR; the CFS provider is expected to provide services identified in the ISP during the apparent crisis occurring in the case.**
- Q6.** Does Family Stabilization mean the same as Family Preservation/Reunification?
- R6.** **Family Stabilization is defined in numerous ways. Family Stabilization can mean stabilizing a crisis, maintaining children in the home, and**



- reunification of families previously separated. Family Stabilization is based on the needs identified in the ISP.**
- Q7.** If the family is viewed as a system and child safety/behavior/permanence is the focus of the intervention, please explain why MHC's are not billable when conducted with the parent's therapist to determine the parent's ability to provide these conditions for their child?
- R7. Any billing must meet Medicaid certification and billing requirements.**
- Q8.** Where are the Core Services listed for this program?
- R8. All services described in the RFP are considered to be core services. Services are listed on page 16 through page 18.**
- Q9.** The RFP states "At the time of the initial referral, an Intake Assessment meeting Medicaid requirements will be completed and a family client chart developed by the Department's worker..." Please clarify more regarding the client chart being developed by the Department's worker, as it relates to other contents of the chart.
- R9. The "family client chart" is simply referring to the agency record for the family. The record will contain necessary DHR documentation but will also be used to place CFS progress reports, summaries and other information regarding the family services.**
- Q10.** There are several references detailed under Service Delivery such as "In-Home Intervention, child management under Basic Living Skills, and provide behavioral aide assistance and tutorial services under Family Support" that are either no longer a reimbursable or not reimbursed under the category outlined. Please clarify as the RFP states that all requirements in the RFP are considered mandatory.
- R10. CFS will be prepared to provide services or identify resources to meet the needs, goals and measures identified in the ISP. Any and all services that are eligible for Medicaid must be billed accordingly.**
- Q11.** The RFP states that the provider will bill \$12,000. Assuming this means per month, this means each CFS employee will be billing \$600 per week! Medicaid is already restricting the billing of many services. This will be impossible when employees take vacation time or extended leave. In addition, there will be families who are not covered by Medicaid. Services will be rendered, but can only be reflected as "productivity" but will not be seen as Medicaid reimbursement. Please explain how DHR will want these issues addressed.
- R11. Our current provider is capable of providing this amount of services. The report of services rendered is divided into those billable to Medicaid and those non billable. Basically, the key factor is that all services identified in the ISP, as a need of the child, are met.**